

PLACER COUNTY CLERK
APPLICATION FOR BIRTH or DEATH CERTIFICATE

2954 Richardson Drive, Auburn, CA 95603 (530) 886-5600

California Health and Safety Code, Section 103526, permits only authorized persons as defined below to receive Authorized Certified Copies of birth or death records. Those who are not authorized by law to receive an Authorized Certified Copy will receive an Informational Certified Copy marked "INFORMATIONAL, NOT A VALID DOCUMENT TO ESTABLISH IDENTITY."

Please indicate whether you would like an Authorized or Informational Certified Copy

- ☐ Informational Certified Copy: Complete Section I
- ☐ Authorized Certified Copy: Complete Sections I and II (**Mail orders MUST be notarized** - see back of form)

Section I: Complete for both Informational or Authorized Certified Copy (please print)

| BIRTH CERTIFICATE | | DEATH CERTIFICATE | |
|---|----------------|---|--------------------------------|
| Name on Certificate (Last, First, Middle) | | Name on Certificate (Last, First, Middle) | |
| Date of Birth | | Date of Death | |
| Number of copies x \$18.00 = | Total enclosed | Number of copies x \$13.00 = | Total enclosed |
| Name of Applicant | | Today's Date | Telephone Number () |
| Mailing Address | | City | State Zip |
| Signature of Applicant | | | |

Section II: Complete for Authorized Certified Copy

Relationship of applicant to registrant:

- | | |
|---|--|
| <input type="checkbox"/> Registrant (Name on Certificate) | <input type="checkbox"/> Parent/Legal Guardian |
| <input type="checkbox"/> Grandparent/Grandchild | <input type="checkbox"/> Child |
| <input type="checkbox"/> Sibling | <input type="checkbox"/> Spouse/Domestic Partner |
| <input type="checkbox"/> Agent or Employee of Funeral Establishment | <input type="checkbox"/> Law Enforcement/Government Agency |
| <input type="checkbox"/> Attorney of Record | <input type="checkbox"/> Authorized by way of Court Order |
| | <input type="checkbox"/> Licensed Adoption Agency |

I, _____ swear (or affirm) under penalty of perjury under the laws of the State of California, that I am an authorized person, as defined in California Health and Safety Code Section 103526(c), and am eligible to receive an AUTHORIZED certified copy of the vital record identified on this application form.

Sworn this _____ day of _____, 20____, at _____.

Signature _____.

Office Use:

Bk/Page _____ Bank Note # _____ Deputy _____ ID _____ Date _____.

INSTRUCTIONS FOR MAIL-IN APPLICATIONS

Mail-in requests for an Authorized Certified Copy of a Birth or Death Certificate must be accompanied by a completed Sworn Statement (below) - signed in the presence of a Notary Public. Only one notarized sworn statement is required for multiple certificates requested at the same time; however, the sworn statement must include the name of each individual whose certificate you wish to obtain and your relationship to that individual.

Mail your completed application and notarized sworn statement, with payment to:
Please make checks payable to: Placer County Clerk

Placer County Clerk
2954 Richardson Drive
Auburn, CA 95603

SWORN STATEMENT

I, _____, swear under penalty of perjury under the laws of the State of California, that I am an authorized person, as defined in California Health and Safety Code Section 103526(c), and am eligible to receive an AUTHORIZED certified copy of the birth or death record of the following individual(s):

| Name of Person on Certificate | Relationship to Person on Certificate |
|-------------------------------|---------------------------------------|
| | |
| | |
| | |
| | |

Signature _____ Date _____ Place _____.

State of California

County of _____.

On _____ before me, _____,

personally appeared _____,

personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her authorized capacity, and that by his/her signature on the instrument, the person or entity upon behalf of which the person acted, executed the instrument.

Witness my hand and official seal

Signature _____.

Date _____.